

NO9000011604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

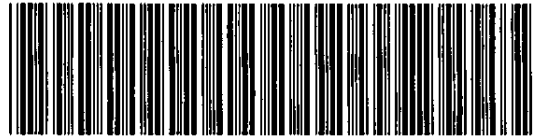
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/15/13--01008--002 \*\*35.00

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13 NOV 15 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V/D WIN  
NOV 20 2013  
R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Barracuda Endzone Inc

**DOCUMENT NUMBER:** NO9000011604

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Necialette Ellzey  
(Name of Contact Person)  
Barracuda Endzone Inc.  
(Firm/Company)  
383 NE 27 Ter. #205  
(Address)  
Hmstd, Florida 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Necialette Ellzey at ( 786 ) 339-4519  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Barracuda Endzone, INC.

SECOND: The document number of the corporation (if known): NO9000011604

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted                     . The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was                     .

The number of directors in office was              and the vote for resolution was              for and              against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 11/7/13  
(no more than 90 days after dissolution file date)

Signature: Neriah E. Elzey

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

NERIAHTE ELZEY

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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13 NOV 15 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BARRACUDA ENDZONE

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

NAME DATE INVOICE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

383 NE 27 Ter. #205  
Himsted, FL 33033  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Necialette E. Gray  
Printed Name of the Person Filing

Necialette E. Gray  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**